



CONSOLIDATED CREDIT APPLICATION  
TROIL ENTERPRISES, L.L.C.

CUSTOMER NO: \_\_\_\_\_

APPROVAL BY: \_\_\_\_\_

DATE: \_\_\_\_\_

2040 NW 40<sup>th</sup> Ct., Pompano Beach, FL 33064  
PHONE: (754) 205-6269 FAX: (754) 205-6270

Please fax Credit  
Application back to  
(609) 921-1962  
or email to:  
kpasquito@troil.com

NAME OF FIRM \_\_\_\_\_ PHONE \_\_\_\_\_

TRADING AS (IF DIFFERENT THAN ABOVE NAME) \_\_\_\_\_ FAX \_\_\_\_\_

\_\_\_\_\_ NUMBER OF YEARS  
IN BUSINESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

ADDRESS OF EQUIPMENT YARD \_\_\_\_\_

BUSINESS STRUCTURE		TYPE OF BUSINESS	
Limited Liability _____	Corporation _____	Manufacturer _____	Commercial Developer _____
Partnership _____	Individual _____	Utility Contractor _____	Excavation Contractor _____
Fed ID No: _____	SS No: _____	Home Builder _____	Paving Contractor _____
State Incorporated _____	Year Incorporated _____	General Contractor _____	Other _____

Principal's Name	Home Address	Home Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Affiliated Companies of Principal	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bonding Company Name & Address \_\_\_\_\_

Bonding Agent Name & Address \_\_\_\_\_

Previous Credit with us? \_\_\_\_\_ No \_\_\_\_\_ Yes/When? \_\_\_\_\_ Under what Name \_\_\_\_\_

Supplier References - Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**Bank References**

Name & Account Number	Address	Phone
1. _____		
2. _____		

**Accounting information**

Accounting contact \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Tax Status: If exempt please attached proper certificate

Please attach a copy of your financial statement to this application. If applicant is a limited liability company, please attach copy of membership agreement.

**TO BE SIGNED BY PRINCIPAL APPLICANT:**

I hereby certify that the above provided information is true and correct and complete in all regards and that I am authorized by applicant to make this application. I and applicant further certify that in the event that any of said information changes or is modified or altered in any manner, applicant shall notify Troil Enterprises, LLC (“the company”) promptly of same.

Applicant hereby authorized the company and their agents to obtain credit information at any time concerning Applicant from any agencies or services requiring such authorization or consent.

Applicant further acknowledges the credit terms of the company and agrees to pay Applicant’s account in complete accordance with the same. Applicant credit terms are as follows:

Service charges in the amount of 2% per month (24% per annum) for corporations and 1 1/3 % per month (16% per annum) for partnerships, limited liability companies, and individuals will be added to balance remaining unpaid after 30 days. These charges are in compliance with applicable law and will be set forth on applicant’s monthly statement. Accounts overdue after 60 days will be placed on COD basis. Payment received on account will be applied to the oldest balance. Applicant agrees to pay attorney’s fees in the amount of 20% of outstanding balance (including accrued interest) in the event of legal collection proceeding are instituted to collect the debt.

Applicant further acknowledges that these credit terms apply to any existing line of credit extended by the company an now in effect.

Date : \_\_\_\_\_ Signature of Principal: \_\_\_\_\_

Witness: \_\_\_\_\_ Type Name & Position: \_\_\_\_\_

Return credit application to: Troil Enterprises, LLC  
2485 East State St. Ext.  
Trenton, NJ 08619  
Email to: kpasquito@troil.com

**PERSONAL GUARANTY**

TO: Troil Enterprises, LLC  
2485 East State St. Ext.  
Trenton, NJ 08619

In consideration of Troil Enterprises, LLC ("the company") agreeing, at my/our request, to sell product to (applicant) \_\_\_\_\_ whose address

is \_\_\_\_\_

on a book account, I/We hereby personally guarantee to the respective company the payment of such sums of money as may at any time hereafter become due to "the company" for materials sold pursuant to their respective book accounts. "The company" are at liberty at any time to extend credit for materials as they deem proper, for which sum this shall be continuing personal guaranty. I/We waive communication and notice of acceptance hereof. I/We understand that this personal guaranty includes any charges for interest and service charges as set forth in the credit application of the applicant.

I/We understand that I/We may revoke this personal guaranty by notifying "the company" in writing by certified mail return receipt requested. The revocation will become effective five (5) days after receipt of same by "company". I/We further understand that I/We are liable to pay on this personal guaranty all sums that become due to the respective company prior to the effective date of the revocation.

Sign & Print Name(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

If applicant is a partnership, please have the following waiver executed by all partners:

**WAIVER**

I, being a partner in \_\_\_\_\_, do hereby waive the right all applicable  
(Name of Partnership)

laws to have Troil Enterprises, LLC ("the company") proceed first against partnership assets before attempting to satisfy any judgment "the company may obtain against partnership for goods and/or services provided to the attached credit application. By signing this document I understand and acknowledge that "the company" may satisfy partnership debt out of my assets, or partnership assets, or both in such order and amounts as "the company" in their sole discretion deem appropriate.

Date: \_\_\_\_\_  
(Partner)

Date: \_\_\_\_\_  
(Partner)

Date: \_\_\_\_\_  
(Partner)

Date: \_\_\_\_\_  
(Partner)

(Add additional signature lines below if necessary)